



**Community Development Corporation Grant Program
2004 Request for Proposal Cover Sheet
Missouri Department of Economic Development
Community Development Programs
301 West High Street, Room 770
PO Box 118, Jefferson City, MO 65102
Phone: (573) 522-6155 Fax: (573) 522-9462
E-mail: cdc@mail.state.mo.us**

INSTRUCTIONS: Locate the category under which you are applying. Please answer only those questions that are relevant to your project on separate sheets of paper. For example, if you were administering an entrepreneurship program, you would answer the questions under the 'Economic Development' category. (*Refer to page 11 of the Guidelines to determine which category your project should be listed under.*) Provide clear and thorough answers. Answers to individual questions should be one-half to one page in length. Answers should not be more than one page in length.

PROJECT TYPE:

☐ **Economic Development**

- Job Creation
- Microenterprise

☐ **Housing**

- New Construction
- Rehabilitation

☐ **Human Services**

- Job Training/
Placement

REQUESTED PROJECT PERIOD:

☐ Six Months

☐ One Year

PROJECT SUMMARY:

The project summary is a brief explanation of the proposed project that will be used for information purposes and may be distributed to the media. Please type in the following box:

FOR INTERNAL USE ONLY

☐ Approved

☐ Denied

CDCG#: _____

Comments:



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
FY-2004 APPLICATION: Applicant Information

1. APPLICANT IDENTIFICATION:

APPLICANT (ORGANIZATION'S
OFFICIAL OR LEGAL NAME):

STREET ADDRESS:

MAILING ADDRESS:

CITY:

ZIP CODE:

2. SUB-APPLICANT IDENTIFICATION:

(applications on behalf of organizations with pending 501(c)(3) applications)

APPLICANT (ORGANIZATION'S
OFFICIAL OR LEGAL NAME):

STREET ADDRESS:

MAILING ADDRESS:

CITY:

ZIP CODE:

3. CONTACT INFORMATION:

PROJECT ADMINISTRATOR/
CONTACT PERSON:

DAY PHONE NUMBER:

FAX NUMBER:

E-MAIL:

4. OTHER INFORMATION FOR REPORTING PURPOSES

STATE REPRESENTATIVE & DISTRICT #:

STATE SENATOR & DISTRICT #:

EMPLOYER IDENTIFICATION #:

PROJECT LOCATION STREET
ADDRESS (NO P.O. BOX):

CITY:

ZIP CODE:

COUNTY (WHERE PROJECT IS LOCATED):

Note: if project is providing services in more than one location, list only the zip codes for the additional locations



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
FY-2004 APPLICATION: Economic Development Project Questions

Economic Development Projects:

- 1) Please describe in detail:
 - (a) The project you are proposing to the CDCGP. Explain in clear and concise detail how the project will be administered.
 - (b) Explain how this project helps your organization reach its overall goals/mission.
 - (c) Explain how the people you are serving will benefit from this project and how they were involved in the decision making process to develop the concept for this project.
- 2) Indicate the estimated number and characteristics of the people you are serving by the level of economic deprivation that exists, warranting your services. Data may include (but not limited to) listing the average number or percentage of: gender, race, marital status, level of education, residents in household, household income, receiving public assistance, unemployment, renters, homeowners, and cost of rent. This data may be census data or data collected for your target area.
- 3) List:
 - (a) Other key individuals/organizations that will have the greatest responsibility for shaping the project, connecting it to the people you are serving, and achieving performance targets. Explain how each key individual/organization will be involved in carrying out this project; i.e., what are their roles and responsibilities to the project. Be specific: Who will perform the loan review and make the loan decisions? Who will be responsible for servicing the loans? Who will trade payments, send demand letters, report defaults, etc.?
 - (b) Each key individual's/organization's capacity and commitment (*refer to page 12*).
- 4) Describe the required training component of the micro enterprise/job creation program, including business planning, marketing, management, etc. The training should be comprehensive and follow an established curriculum. What existing training program will be used?
- 5) How many jobs will be produced as a result of this project? What types of jobs will be produced?
- 6) How will you know that this project is successful?
- 7) Are there other organizations providing the same type of services this project offers? If so, what are the advantages for the people you are helping to use your services instead of using the other organizations' services?
- 8) Describe how you will inform the people you are serving that this program is available.
- 9) If a sustainable community is one that maintains its existence and prolongs its life, then describe how this project will affect your community's sustainability.



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
FY-2004 APPLICATION: Housing Project Questions

Housing Projects:

- 1) Please describe in detail:
 - (a) The project you are proposing to the CDCGP. Explain in clear and concise detail how the project will be administered.
 - (b) Explain how this project helps your organization reach its overall goals/mission.
 - (c) Explain how the people you are serving will benefit from this project and how they were involved in the decision making process to develop the concept for this project.
- 2) Indicate the estimated number and characteristics of the people you are serving by the level of economic deprivation that exists, warranting your services. Data may include (but not limited to) listing the average number or percentage of: gender, race, marital status, level of education, residents in household, household income, receiving public assistance, unemployment, renters, homeowners, and cost of rent. This data may be census data or data collected for your target area.
- 3) List:
 - (a) List other key individuals/organizations that will have the greatest responsibility for shaping the project, connecting it to the people you are serving, and achieving performance targets. Explain how each key individual/organization will be involved in carrying out this project; i.e., what are their roles and responsibilities to the project.
 - (b) List each key individual's/organization's capacity and commitment (*refer to page 12*).
- 4) Why was this target area selected to develop housing as compared to others in the community?
- 5) Describe the housing stock in the target area: size, age, composition, style of homes, etc.
- 6) Do you currently own the house and/or property to perform new construction or rehab? If no, what preliminary work has been done to guarantee your organization will have ownership of the property and timeframe for ownership?

[If you are doing a home ownership project, proceed to question #7. If you are doing a rental project, skip to question #8.]

- 7)
 - (a) What cost will the organization sell the newly constructed/rehabbed houses for?
 - (b) How did you arrive at this cost?
 - (c) Is this cost affordable, in regard to the median income of the targeted patrons? Explain.
- 8)
 - (a) How much will the units rent for on monthly basis?
 - (b) How did you arrive at this cost?
 - (c) Is this cost affordable, in regard to the median income of the targeted patrons? Explain.
 - (d) Are the rent payments substantial enough to cover both operating expenses and debt repayment? Explain.

- 9) Are there financial arrangements made to enable targeted people to purchase a home or rent the housing units? Explain. (Include property taxes, terms and financing of 2nd mortgages, etc.)
- 10) Describe how you will inform the people you are serving that this program is available.
- 11) If a sustainable community is one that maintains its existence and prolongs its life, then describe how this project will affect your community's sustainability.



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
FY-2004 APPLICATION: Human Services Project Questions

Human Services Projects:

- 1) Please describe in detail:
 - (a) The project you are proposing to the CDCGP. Explain in clear and concise detail how the project will be administered.
 - (b) Explain how this project helps your organization reaches its overall goals/mission.
 - (c) Explain how the people you are serving will benefit from this project and how they were involved in the decision making process to develop the concept for this project?
- 2) Indicate the estimated number and characteristics of the people you are serving by the level of economic deprivation that exists, warranting your services. Data may include (but not limited to) listing the average number or percentage of: gender, race, marital status, level of education, residents in household, household income, receiving public assistance, unemployment, renters, homeowners, and cost of rent. This data may be census data or data collected for your target area.
- 3) List:
 - (a) List other key individuals/organizations that will have the greatest responsibility for shaping the project, connecting it to the people you are serving, and achieving performance targets. Explain how each key individual/organization will be involved in carrying out this project; i.e., what are their roles and responsibilities to the project.
 - (b) List each key individual's/organization's capacity and commitment (*refer to page 12*).
- 4) Are there other organizations providing the same type of services this project offers?
 - (a) If no, explain the level of need for your organization to continue offering these services.
 - (b) If yes, what are the advantages for the people you are helping to use your services instead of using the other organizations' services?
- 5) How will you know that this project is successful?
- 6) Describe how you will inform the people you are serving that this program is available.
- 7) If a sustainable community is one that maintains its existence and prolongs its life, then describe how this project will affect your community's sustainability.



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
FY-2004 APPLICATION: Outcomes

OUTCOMES

(All applicants are required to answer the following questions. Refer to pages 12-14 of the Guidelines)

Project Performance Targets

- 1) List and discuss the performance targets you are committed to achieving.

Project Verification

- 2) How will you verify the extent to which your performance targets are achieved? Please discuss the evaluation tools as well as how often the evaluation will take place.

Project Milestones

- 3) List and discuss the milestones you must achieve each quarter if you are to reach your performance targets. *(forms are provided on this page)*

PROJECT MILESTONE TABLES (You can use either table to include your timeline information.)

Table #1:

MILESTONES	QTR. 1	QTR. 2	QTR. 3	QTR. 4

Table #2:

MILESTONES	NUMBER NEEDED	QUARTER	TIMELINE



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
FY-2004 APPLICATION: Budget and Capacity Questions

BUDGET: *(All applicants are required to answer the following questions)*

- 1) (a) Has this project has been partially funded, fully funded, or not at all by the CDCGP in the past?
(b) Will these funds that you are requesting from the CDCGP fully fund the project or will it serve as gap financing of the project?
- 2) (a) Is this project currently receiving grants/tax credits from other DED/Community Development Programs? (*Brownfield Redevelopment Program, CDBG, Enterprise Zone, Family Development Account, Main Street Program, MCB, Missouri Arts Council, Missouri Service Commission, MoROC, Neighborhood Assistance Program, Neighborhood Preservation Tax Credit Program, REAP, Youth Opportunities Program*) If so, provide a copy of the budget page that was submitted.
(b) Has your organization applied for assistance from any of the above-mentioned programs for FY 2004? If so, provide a copy of the budget page that was submitted.
- 3) (a) If this is a previously funded project, explain why you feel the CDCGP should fund this project again. Explain in detail the previously funded project's overall progress, performance, other resources developed, continued need, and potential for eventual self-sufficiency.
(b) If this is a project that has not been funded by the CDCGP, specify the plan as to how and when this project will become self-sufficient.
- 4) Describe how you will implement this project in the event that your organization is not awarded a grant.

CAPACITY:

- 1) What is your organization's total operating budget? (*Department of Economic Development reserves the right to request a copy of your IRS 990 at any time.*)
- 2) How many staff persons currently work for your organization? How many of these positions are contracted positions?
- 3) (a) Briefly discuss your organization's history of past projects that shows your ability to administer the proposed project. These projects should be similar in nature to the proposed project.
(b) Provide a listing of all services offered by your organization.

BUDGET PAGE

PROPOSED OPERATING BUDGET (Page 1 of 2)						
	CDCGP Source #1	Actual Source #2	Actual Source #3	Actual Source #4	Actual Source #5	TOTAL OF ALL SOURCES
SOURCES OF SUPPORT:						
EXPENSES						
ADMINISTRATION EXPENSES:						
President/Executive Director	\$	\$	\$	\$	\$	\$
Fringe Benefits	\$	\$	\$	\$	\$	\$
Fiscal Officer	\$	\$	\$	\$	\$	\$
Fringe Benefits	\$	\$	\$	\$	\$	\$
Project Manager	\$	\$	\$	\$	\$	\$
Fringe Benefits	\$	\$	\$	\$	\$	\$
Administrative Assistant	\$	\$	\$	\$	\$	\$
Fringe Benefits	\$	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$	\$
Fringe Benefits	\$	\$	\$	\$	\$	\$
TOTAL ADMIN. EXPENSES	\$	\$	\$	\$	\$	\$
INDIRECT EXPENSE:						
Office Rent (Building Lease)	\$	\$	\$	\$	\$	\$
Equipment	\$	\$	\$	\$	\$	\$
Office Supplies	\$	\$	\$	\$	\$	\$
Postage	\$	\$	\$	\$	\$	\$
Telephone/Fax/Internet	\$	\$	\$	\$	\$	\$
TOTAL INDIRECT EXPENSES	\$	\$	\$	\$	\$	\$

PROPOSED OPERATING BUDGET (Page 2 of 2)						
	CDCGP Source #1	Actual Source #2	Actual Source #3	Actual Source #4	Actual Source #5	TOTAL OF ALL SOURCES
SOURCES OF SUPPORT:	[CDCGP]					
DIRECT EXPENSES:						
Staff Training	\$	\$	\$	\$	\$	\$
Staff Travel	\$	\$	\$	\$	\$	\$
Printing/Public Relations	\$	\$	\$	\$	\$	\$
Insurance	\$	\$	\$	\$	\$	\$
Contracts	\$	\$	\$	\$	\$	\$
Construction	\$	\$	\$	\$	\$	\$
Property Acquisition	\$	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$	\$
TOTAL DIRECT EXPENSE	\$	\$	\$	\$	\$	\$
GRAND TOTALS	\$	\$	\$	\$	\$	\$



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
 COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
FY-2004 APPLICATION: Budget Justification Form

CDC BUDGET JUSTIFICATION	
CDC BUDGET LINE ITEM/CATEGORY AND COST BREAKDOWN	TOTAL AMOUNT (round all figures to the nearest dollar)
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
TOTAL PROPOSED BUDGET	
NOTE: This is a proposed budget for projects seeking funding through the CDCGP. If your project receives a grant award, this will be your approved budget. The Department of Economic Development, Community Development Corporation Grant Program must approve all budget revisions in writing before funds are expended for line items other than those listed above.	



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
FY-2004 APPLICATION: Signature Authorization Form

I hereby declare that I have been duly authorized by the Board of Directors of this organization to file this application and required attachments with the Community Development Corporation Grant Program, Department of Economic Development. Under the penalties of perjury, I attest that I have examined this application, including all accompanying required attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

*(Note: The application must contain an original signature on this page. **Suggestion:** use blue ink on all signatures in order to easily distinguish between the original and the copy.)*

Name of Executive Director (printed or typed)

Date

Name of Executive Director (signature)

- ❖ **The Community Development Corporation Grant Program retains the right to accept, reject, or negotiate, in whole or in part, any or all proposals received.**
- ❖ **The Community Development Corporation Grant Program (CDCGP) reserves the right to vary the provisions, set forth herein, at any time prior to the execution of a contract where the CDCGP deems such variance to be in the best interest of the CDCGP, and to act otherwise as it deems in its safe discretion.**
- ❖ **This application is designed to solicit potential projects administered by nonprofit organizations that meet the targeted performance results of the CDCGP, to provide information to allow for a fair selection of projects, and to facilitate the monitoring and evaluation of, and assistance to the nonprofit organizations that are selected.**



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
FY-2004 APPLICATION: Attachment E

CURRENT MEMBERS OF THE BOARD OF DIRECTORS

NAME:	
HOME ADDRESS:	
DAY PHONE:	
OCCUPATION:	
POSITION ON THE BOARD:	
RESIDENT OF TARGET AREA: <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS OWNER IN TARGET AREA: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	
HOME ADDRESS:	
DAY PHONE:	
OCCUPATION:	
POSITION ON THE BOARD:	
RESIDENT OF TARGET AREA: <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS OWNER IN TARGET AREA: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	
HOME ADDRESS:	
DAY PHONE:	
OCCUPATION:	
POSITION ON THE BOARD:	
RESIDENT OF TARGET AREA: <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS OWNER IN TARGET AREA: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME:	
HOME ADDRESS:	
DAY PHONE:	
OCCUPATION:	
POSITION ON THE BOARD:	
RESIDENT OF TARGET AREA: <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS OWNER IN TARGET AREA: <input type="checkbox"/> YES <input type="checkbox"/> NO



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
FY-2004 APPLICATION: Attachment F

LETTERS OF COMMITMENT

Please attach the letters of commitment in the same order as listed below.

#	Name	Organization	Type of Contribution (Include amount of contribution if applicable)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT CORPORATION GRANT PROGRAM
FY-2004 APPLICATION: Application Checklist

Upon completing the application, carefully check this list to make sure you have not overlooked any of the required items. Failure to submit Attachments A-F will result in disqualification of the proposal.

Proposal:

- ☐ Application cover sheet
- ☐ Answers to the questions for the special opportunity grant
- ☐ Budget Page
- ☐ Budget Justification Page

Attachment A:

- ☐ Map of Project Area

Attachment B:

- ☐ IRS Exemption Letter

Attachment C:

- ☐ Articles of Incorporation

Attachment D:

- ☐ Bylaws

Attachment E:

- ☐ Current Members of the Board
 - Copy of form provided

Attachment F:

- ☐ Letters of Commitment
 - Copy of form provided
 - One letter of Local Government Endorsement
 - Additional letters of support (if applicable)



REMINDER

Carefully check your entire application to be sure you have not overlooked any required information or attachments. A checklist is being provided for this purpose. It is necessary for you to provide all documentation that the Department has requested in order for proper consideration to be given to your proposal. ***FAILURE TO SUBMIT ALL REQUIRED DOCUMENTATION WILL RESULT IN THE DISQUALIFICATION OF YOUR APPLICATION.*** Keep a copy of the entire completed application (including attachments) for your own records.